

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1962

-62-041529

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 152

VS 300
Rev. 4/591 0055
2 0052

3

4 0

5 2

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7 1

8 0

9 420.1

10

11

12 2-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Monett

Length of stay in 1b

4 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Vincent Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

Inside Limits

Yes ☐ No ☒

c. CITY

Purdy

OR TOWN

d. STREET ADDRESS

R.F.D.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alva

Lee

Hilliard

4. DATE OF DEATH

Month

Day

Year

Nov.

10-

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 22-99

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James M. Hilliard

13b. MOTHER'S MAIDEN NAME

Minnie O. Graham

14. NAME OF HUSBAND OR WIFE

Lena Hilliard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

3 Donald Hilliard, Purdy Mo. R.F.D.

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis
arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? Yes ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 5, to Nov. 5, 1962 and last saw her alive on Nov. 5, 1962

Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles J. Hilliard M.D.

22b. ADDRESS

Cassville, Mo

22c. DATE SIGNED

11-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov-14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Muncy Chappell

23d. LOCATION (City, town, or county)

Barry County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

McQueen Funeral Home, Wheaton, Mo

25. DATE RECD. BY LOCAL REG.

11-14-62

26. REGISTRAR'S SIGNATURE

Mrs. P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS.

NOV 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.